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021398 7590 04/09/2004

CORVIS CORPORATION
INTELLECTUAL PROPERTY DEPARTMENT
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COLUMBIA, MD 210469400

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Melinda Salin	(Depositor's name)
<i>Melinda Salin</i>	(Signature)
6/30/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/032,051	12/21/2001	Stephen G. Grubb	980721CIPCIP	6186

TITLE OF INVENTION: OPTICAL TRANSMISSION SYSTEMS INCLUDING SIGNAL VARYING DEVICES AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOSKOWITZ, NELSON	3663	359-334000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Corvis Corporation

Columbia, MD

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500477 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Michael P. [Signature] 6/30/04

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

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06/30/2004 16:10 FAX 4432594278

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To:	Commissioner for Patents	From:	Michael C. Antone
Organization:	U.S. Patent and Trademark Office	Date:	June 30, 2004
Fax:	703-746-4000	Fax:	443-259-4278
Phone:		Phone:	443-259-4150
Pages:	4 (including cover page)		
Re:	U.S. Application Serial Number 10/032,051		

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Signature: Melinda SalinTyped or printed name: Melinda Salin

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032,051	
	Filing Date	December 21, 2001	
	First Named Inventor	Grubb	
	Art Unit	3663	
	Examiner Name	Nelson Moskowitz	
Total Number of Pages In This Submission	3	Attorney Docket Number	980721CIPCIP

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> (Issue) Fee Transmittal Form x2	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Corvis Corporation Michael C. Antone
Signature	
Date	June 30, 2004

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Typed or printed name	Melinda Salin		
Signature		Date	June 30, 2004

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